

Application Information

Applicant Information

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Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Chuen-Ing
Family Name::	Tseng
City of Residence::	Lawrenceville
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	BOO
City of mailing address::	Lawrenceville
State or Province of mailing address::	NJ
Postal or Zip Code of mailing address::	08648

Correspondence Customer Number:: 07278

Representative Customer Number:: 07278

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/424,476	11/07/02

Assignee name:: Lonza Inc.
Street of mailing address:: 17-17 Route 208

Fair Lawn

NJ

07410